Date: July 17, 2019

Subject: Use of Procedure Code G9012 By Opioid Use Disorder Centers of Excellence

To: All Physical Health and Behavioral Health HealthChoices Managed Care Organizations and Primary Contractors—Statewide

From: Sally A. Kozak, Deputy Secretary, Office of Medical Assistance Programs; and Valerie Vicari, Acting Deputy Secretary, Office of Mental Health and Substance Abuse Services

A. Purpose

The purpose of this memorandum is to provide guidance to Physical Health (PH) HealthChoices and Behavioral Health (BH) HealthChoices Managed Care Organizations (MCOs) and Primary Contractors (PCs) regarding the services covered under procedure code G9012, which is used to bill PH MCOs and BH-MCOs for services rendered by providers serving as Opioid Use Disorder Centers of Excellence (OUD-COEs or COEs).

B. Background

As set forth in Exhibit G to the HealthChoices Physical Health Agreement effective January 1, 2019, and in Appendix G to the HealthChoices Behavioral Health Agreement effective July 1, 2019, providers serving as an OUD-COE may bill PH and BH MCOs using procedure code G9012 (Other specified case management service not elsewhere classified) to receive a payment of $277.22 once a month for each member as payment for community-based care management services.

Procedure Code G9012 covers the activities of a COE’s community-based care management (CBCM) team, which consists of licensed and unlicensed professionals. The CBCM team’s activities must not overlap or be redundant of already existing reimbursed care management services. The CBCM team works within its local community to engage individuals with OUD at local emergency departments, state and county correctional facilities, and primary care providers, among others, to educate them about treatment and the disease of addiction, assist them in initiating appropriate treatment, including behavioral/mental and physical health services, and motivate them to stay engaged. It also works with inpatient and outpatient drug and alcohol providers to assure individuals living with OUD transition from that level of care to the COE for ongoing engagement in treatment. Team members facilitate recovery by helping individuals find stable housing and employment and helping them reestablish family/community relationships.
As discussed above, CBCM teams consist of licensed and unlicensed providers, including nurses, licensed social workers, certified recovery specialists, and other professionals to provide recovery-focused care and supports. Licensed providers must provide services within the scope of their license as defined by the Pennsylvania Department of State. Unlicensed providers may not provide services that must be provided by licensed provider types and must be adequately supervised. All eligible providers participating on the CBCM team must be enrolled in the Medical Assistance program.

C. Specific CBCM Activities That May Be Billed for Using Procedure Code G9012

CBCM teams may bill the G9012 procedure code for activities to provide support to and help individuals with OUD engage and stay engaged in treatment, including:

a. Helping a Member with OUD navigate the health system and find community resources such as individual and group therapy, social services and recovery supports.

b. Addressing a Member’s individual treatment and non-treatment needs through evaluation of the Member’s needs.

c. Directly assisting a Member with and ongoing facilitation of needed physical and behavioral health services.

d. Providing follow-up care for a Member and re-engaging a Member in care.

e. Referring a Member for housing, job training, transportation services, educational services, vocational services, food assistance, healthcare services, mental health services, pain management services, substance use disorder level of care evaluation, interpreter services, voter registration or self-help meetings.

f. Advocating on behalf of a Member.

g. Monitoring a Member’s health status and achievement of goals within the Member’s treatment plan.

h. Screening a Member’s urine or blood.

i. Making initial contact with a Member where they seek treatment, including emergency departments, state prisons, county jails, and other medical or non-medical settings.

j. Facilitating a Member’s initiation into OUD treatment from emergency departments, primary care physicians, criminal justice system, and other sources. Initiation is defined as a face-to-face level of care evaluation.

k. Facilitating a Member’s admission to treatment within 14 Days of initiation with an OUD-COE, a treatment provider or other entities as appropriate and necessary.

l. Helping a Member transition from an inpatient level of care to ongoing engagement in outpatient treatment.

m. Creating an individualized support plan for a Member.

n. Motivating and encouraging a Members with OUD to stay engaged in both physical health and behavioral health treatments.
o. Facilitating recovery by helping a Member find stable housing and employment, and reestablishing family/community relationships.

As discussed above, the provider serving as an OUD-COE cannot bill for the CBCM team activities that overlap or are redundant of already existing reimbursed care management services. Therefore, a COE may not receive payment for a G9012 procedure code claim and a duplicative procedure code claim during the same calendar month. A COE may submit multiple procedure code claims for the purpose of encounter reporting, but duplicative claims may only be submitted for non-payment. Procedure codes considered duplicative of procedure code G9012 include the following.

<table>
<thead>
<tr>
<th>Prov. Type</th>
<th>Spec. Code</th>
<th>Proc. Code</th>
<th>Info Modifier</th>
<th>Service Description</th>
<th>Units</th>
<th>Place of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>184</td>
<td>H0001</td>
<td></td>
<td>Drug and Alcohol Level of Care Assessment as licensed by DDAP</td>
<td>15 Min.</td>
<td>99 (Other)</td>
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<tr>
<td>11</td>
<td>184</td>
<td>H0047</td>
<td>HW</td>
<td>Alcohol and/or other drug abuse svc., not other specified (D&amp;A Other requires Service Description approved by OMHSAS)</td>
<td>15 Min.</td>
<td>99 (other)</td>
</tr>
<tr>
<td>21</td>
<td>138</td>
<td>H0006</td>
<td></td>
<td>Alcohol and/or drug services: case management (D&amp;A Intensive Case Management)</td>
<td>15 Min.</td>
<td>99 (other)</td>
</tr>
<tr>
<td>21</td>
<td>138</td>
<td>H0006</td>
<td>TF</td>
<td>Alcohol and/or drug services; case management (D&amp;A Resource Coordinator)</td>
<td>15 Min.</td>
<td>99 (other)</td>
</tr>
</tbody>
</table>

D. Services Not Included in G9012

Procedure code G9012 can be used to bill only for community-based care management services. The G9012 procedure code should not be used to bill for clinical services or medication-assisted treatment; these services may continue to be billed separately.

E. Place of Service

A place of service code of 99 (other) should be used to specify the location where community-based care management services were provided when no other place of service code is appropriate.

F. Next Steps

The MCO and PC must review claims submitted by a provider serving as an OUD-COE using procedure code G9012 to ensure conformity with the clarifications included in this memorandum.

G. Obsolete

This MC OPS Memo will remain in effect until further notice.